



Turkish Journal of Geriatrics
DOI: 10.31086/tjgeri.2020.176
2020; 23(3): 401-409

- Uğur MANER¹
- Biran MERTAN¹
- Shenel HUSNU²

CORRESPONDANCE

Biran MERTAN
Bahçeşehir Cyprus University, Psychology,
Lefkoşa, Kuzey Kıbrıs TC

Phone: +903926111003
e-mail: biran.mertan@cyprus.bau.edu.tr

Received: Mar 23, 2019
Accepted: Aug 10 2020

¹ Bahçeşehir Cyprus University, Psychology,
Lefkoşa, Kuzey Kıbrıs TC

² Eastern Mediterranean University,
Psychology, Gazimağusa, Kuzey Kıbrıs TC

RESEARCH

REDUCING AGEISM IN TURKISH-SPEAKING UNIVERSITY STUDENTS: THE ROLES OF INTERGROUP CONTACT AND PERSPECTIVE TAKING

ABSTRACT

Introduction: Existing research findings support the prevalence of ageism and its negative effects on the well-being of older adults. Despite such data, very little research has been conducted on ageism, particularly in non-Western cultures.

Materials and Methods: This study aimed to explore the roles of knowledge (regarding older people), intergroup contact (both quantity and quality), and perspective taking in predicting ageist attitudes of Turkish-speaking university students. A convenience sample of 266 (145 females and 121 males) undergraduate students participated in the study. The age of the students in the whole sample ranged from 17 years to 36 years ($M = 22.08$, $SD = 2.60$).

Results: We hypothesized and found that those with more knowledge, contact, and perspective taking skills showed reduced ageist attitudes than their counterparts. Path analysis also showed that perspective taking mediated the relationship between intergroup contact and reduced ageist attitudes.

Conclusion: Implications are drawn for the development of interventions aimed at targeting ageist attitudes particularly for students pursuing gerontology-related occupations.

Keywords: Ageism; Student; Empathy; Attitudes

INTRODUCTION

According to the United Nation's (UN) World Population Ageing 2019 Report findings, the population of older adults is growing in nearly all countries around the world. The population of people aged 80 or above is estimated to triple in the next 30 years, and those over age 65 will double by 2050 (1). The World Health Organization (WHO) research findings show that the number of older adults is rapidly increasing as people are living longer because of improved medical treatments and living conditions. In addition, fertility rates have fallen significantly, changing the demographic balance in favor of older adults (2). Presently, approximately two-thirds of the world's older adult population live in developing regions (1). The population is aging rapidly everywhere, and Turkey is no exception. According to the Turkish Statistical Institute's (TÜİK) 2014 data, the population of 65 and over is 8% of the total population of Turkey. This percentage is expected to rise to 10.2% by 2023, to 20.8% by 2050, and to 27.7% by 2075 (3).

The EURAGE research team surveying 55,000 people from 28 countries; 21 of the 27 European Union (EU) member states (all but Austria, Ireland, Italy, Lithuania, Luxembourg, and Malta); two EU candidate countries (Croatia and Turkey); two European Economic Area countries (Norway and Switzerland); and Israel, Russia, and Ukraine found that 44% of the participants thought that age discrimination was a serious or a very serious issue. Thirty-five percent of the participants reported unfair treatment because of age. Of all the 28 countries in the European region, respondents from Turkey had the lowest perceptions of age discrimination and 31% of participants indicated no age discrimination in Turkey (4). Despite these findings, one in five people in Turkey reported experiencing unfair treatment because of their age.

The European Commission Report states that

the growing older adult population will need new social, economic, and mental health policies implemented by governments; such policies will put additional strain on countries' governments and their resources (5). In general, aging is regarded as a negative process (6). According to lifespan developmental psychologists, aging is a complicated individual process that starts with conception and ends with death. Every person's trajectory of aging is unique, and the potential for development captures the whole lifespan. Ageism is being considered the greatest threat to the achievement of "successful aging," "healthy aging," "aging well," or "resourceful aging" in the 21st century (7). The negative connotations associated with aging have received intense attention by psychologists and social scientists.

"Ageism" was a concept first used by Butler in 1969. Butler explains ageism as stereotyping and discriminating against people simply because of their older age. Butler claims that ageism is very similar to racism and sexism (6). Unlike Butler, Iversen, Larsen, and Solem find ageism different from sexism and racism, because age is continuous and everyone experiences ageism at some point (8). Palmore extends the meaning of ageism by defining it as any prejudice or discrimination against or in favor of any age group, showing both negative and positive sides of ageism; however, he says the negative side is observed more frequently than the positive side (9). Iversen and colleagues offer a new definition for ageism, stating that it has three classic components, namely, the cognitive (stereotyping), affective (prejudice), and behavioral (discrimination) components; they also report that individuals mistakenly think, feel, and act toward others based on their chronological age (8).

According to Palmore (9), "positive ageism" lowers the status of older adults in the community and supports a limited view of the older people. People perceive positive ageism behaviors as thoughtful and kind (such as the elderly being cute, kind, or wise) yet not ageist. By contrast,



“negative ageism” has essentially connected old age with cognitive decline, senility, lack of libido, physical illnesses, and incompetence. Both positive and negative ageism can be reinforced via stereotypes, both positive and negative (10).

There are concrete efforts to reduce racism and sexism, but less advancement has been made to diminish ageism (11). The implicit nature of ageism makes it go unnoticed or ignored as a form of discrimination (9).

Knowledge has been found to be a critical determinant of ageist attitudes. Palmore claims that the first step in fighting against ageism should be raising people’s awareness and increasing knowledge about old age. According to Palmore, one challenge facing the fight with ageism is lack of sufficient knowledge on being old. He claimed that the more young people become knowledgeable about older adults, the less ageist attitudes they will adopt. In line with Palmore’s studies, greater knowledge of aging was found to be associated with improved attitudes toward older adults (12). Usta, Demir, Yönder, and Yıldız also found that Turkish nursing students who had completed a course on older adults’ health had significantly lower ageism scores than their peers (13).

According to Allport’s intergroup contact theory, when different groups find the chance to come together and cross group boundaries with positive relationships, more mutual understandings develop (14). Allport’s contact theory also suggests that facilitating contact is not sufficient. Some optimal conditions should be set, such as coming together with equal status, working cooperatively for some common goal, and doing all these with institutional support (11).

Age segregation is known to increase aging stereotypes and prejudices. Many research studies suggested that negative attitudes toward older adults are adopted early in childhood. Children develop clear age categories very early and hold

negative stereotypes for age-related out-groups (11). Several studies have demonstrated that quantity of contact is associated with diminished prejudice (15). However, a significant number of findings suggested that quality of contact plays a more critical role in prejudice reduction than quantity of contact (16). In this regard, Schwartz and Simmons found that undergraduates who reported high quality contact had significantly more positive attitudes to the elderly than those with low quality of contact (17). Similarly, Tam, Hewstone, Harwood, Voci, and Kenworthy found that the greater the quality of younger adults’ contact with elderly people, the more positive explicit attitudes they held toward the elderly (18). In terms of contact between grandparents and grandchildren, researchers have found that the greater the quality of one’s relationship with a close grandparent, the more positive their attitude is toward elderly adults as a whole (19).

Empathy is a psychological construct that means grasping others’ perspectives and relating to their feelings and experiences (20). Empathic concern and perspective taking are two components of dispositional empathy. Perspective taking is the cognitive process for looking at the world through somebody else’s lenses and understanding the person more. Prior research has found that perspective taking works as a mediator in reducing several types of prejudice including racism, ethnic prejudice, and homophobia (19). Galinsky and Moskowitz found that taking the perspective of older adults results in reduced ageist stereotyping. Perspective taking was found to be a mediator in which younger people felt empathy toward the older adult, identifying with him/her and increasing their understanding (21). Konrath, O’Brien, and Hsing provided some empirical evidence that current cohorts of university students report lower empathy scores than university students from previous cohorts. These results were supported by findings that young adults of today (people born in the 1980s–1990s) report higher levels of narcissism

and individualism than the previous cohorts, thereby suggesting the necessity of targeting such groups' empathy levels (22).

To date, very little research has been conducted in Turkish-speaking populations regarding ageism, particularly with younger cohorts, who are most in need of ameliorating their negative attitudes toward the older generations. Therefore, the study aimed to shed light on a neglected area of research in our region by exploring the underlying possible predictors (knowledge, contact, and perspective taking) of ageist attitudes of Turkish-speaking university students. Those with more knowledge, contact, and perspective taking skills were hypothesized to show reduced ageist attitudes than their counterparts. In line with previous findings, perspective taking was expected to mediate the relationship between contact and ageist attitudes.

MATERIALS AND METHOD

A convenience sample of 266 (145 females and 121 males) undergraduate students participated in the study and were all students at Eastern Mediterranean University (EMU). Participants were randomly approached in classroom settings as well as on the campus. They were invited to participate in the study and complete the questionnaire. In the sample, 108 participants were from the field of psychology (40.6%), 86 were from the field of health sciences (32.3%), and 72 participants were from the field of engineering (27.1%). The age of the students in the whole sample ranged from 17 years to 36 years ($M = 22.08$, $SD = 2.60$). All the participants were born in Turkey.

This study was a cross-sectional survey. After providing consent, participants were given the package of questionnaires including the following scales:

Intergroup Contact Scale. Participants indicated the quantity of positive past contact they had with

older people (23). This was assessed with three items each, e.g., "in everyday life, how frequently do you have positive interactions with older adults?" (1 = never/not at all, 7 = very frequently/a lot). Additionally, participants ranked the quality of past contact on 7-point bipolar scales (15), such as "superficial–deep" "unpleasant–pleasant." Both scales were reliable (for quantity of contact, Cronbach's $\alpha = .92$; for quality = .71). To obtain a single index of frequent and positive contact, the scores of quantity and quality of contact were multiplied. This procedure is common (16), because it simultaneously considers both aspects of contact.

Interpersonal Reactivity Index. Interpersonal reactivity index (IRI) was used to assess participants' different dimensions of empathic dispositions. IRI is a 28-item scale divided into four subscales, namely, Empathic Concern, Perspective Taking, Fantasy, and Personal Distress (20). To correctly assess perspective taking of the elderly, the Perspective Taking (PT) subscale alone was used. The subscale had items like "I try to look at everybody's side of a disagreement before I make a decision." Participants rated their thoughts and feelings on seven items ranked on a 5-point Likert scale ranging from does not describe me well (1) to describes me well (5). Cronbach's α was .66.

Facts on Aging Quiz. Palmore's original Facts on Aging Quiz 1 (FAQ 1) is a 25-item True or False quiz. The statements aim to measure knowledge on physical, mental, and social effects of aging and common myths about aging (9). A sample item was "The majority of old people – age 65-plus – are senile." Two psychologists both fluent in Turkish and English translated and back translated the FAQ 1. In the process of translation of FAQ 1 into Turkish, seven statements such as "health and socioeconomic status of older people (compared to younger people) in the year 2025 will probably be about the same or worse" were found to be irrelevant to the Turkish context, so they were not



included. High scores indicate high knowledge on aging.

Fraboni Scale of Ageism. To assess ageist attitude, the Fraboni Scale of Ageism (FSA) originally developed by Fraboni, Saltstone, and Hughes was utilized (24). The reliability, validity, and psychometric properties of the Turkish version of the FSA were assessed by Kutlu and colleagues in 2012 (25). The Turkish adaptation, which has 25 items such as “Many old people are stingy and hoard their money and possessions,” is rated on a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5). High scores suggest ageist attitudes. Cronbach’s α in the current study was .83.

Lastly, a demographic form was used to collect data about the participants’ demographic information. Participants were thanked and debriefed.

This study was approved by Ethics and Research Committee of EMU with the meeting date of 16 April 2015, decision number: 15/4-29.

RESULTS

To assess the relationship between the study variables, Pearson’s product correlation analysis was conducted. As shown in Table 1, a number of significant correlations were obtained. As expected, a negative correlation was found between ageism and contact, knowledge, and PT.

Hierarchical regression was conducted to assess the roles of age, gender, quantity \times quality of contact, PT, and knowledge of aging to predict the dependent variable, namely, ageist attitudes. Examination of the data revealed no significant multicollinearity among variables as no values approached or exceeded the limits in any of the regression models (highest VIF = 1.14; lowest tolerance levels = .88). In the first step, the demographic variables age and gender were included. The total variance in the dependent

Table 1. Pearson’s correlations between age, intergroup contact, perspective-taking, knowledge and ageism scores.

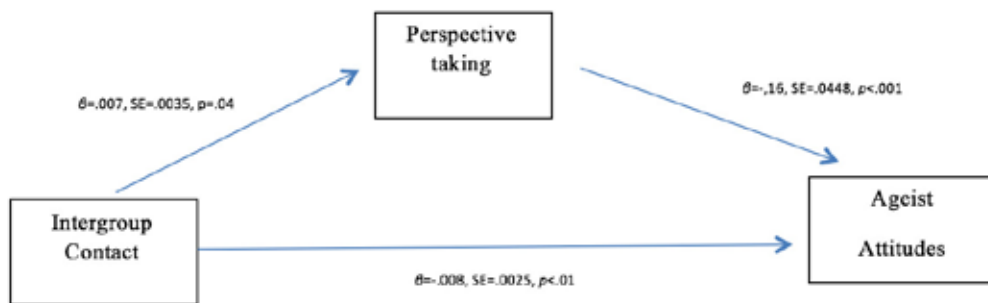
	1	2	3	4	5
1. Age	-				
2. Contact (quantity \times quality)	-.03	-			
3. Perspective Taking	-.12*	-.10	-		
4. Knowledge	.04	-.01	-.10	-	
5. Ageism	-.11	-.21**	-.19**	-.16*	-

Note: * $p < .05$; ** $p < .01$

variable explained by the first step was 1.8%, but the model was not significant ($F(2, 261) = 2.37, p = .096$). After including the remaining variables in the second step, total variance explained by the model was 10.1% ($F(5, 261) = 5.77, p < .001$). After controlling for age and gender, R square change = .08, F change ($3, 256$) = 7.91, $p < .001$. In the final model, quantity \times quality of contact ($\beta = -.20, p = .002$), PT ($\beta = -.15, p = .016$), and knowledge of aging ($\beta = -.14, p = .02$) predicted ageist attitudes.

On the basis of the results of regression analysis, path analysis was conducted whereby two variables, PT and knowledge regarding the elderly, were thought to mediate the relationship between contact (quantity \times quality) and ageist attitudes. Bootstrapping analysis was conducted to test for the two mediators using SPSS Process Macro (Model 6) developed by Hayes (2013). The pathway between contact and PT was significant ($B = .007, p = .04$), as was the link between PT and ageist attitudes ($B = -.16, p < .001$). The indirect effect of contact and ageist attitudes was mediated by PT ($B = -.0012, SE_{boot} = .0007, 95\% CI [-.0031, -.0001]$). However, the indirect effect of contact on ageist attitudes via knowledge was not significant ($B = .0002, SE_{boot} = .0004, 95\% CI [-.0005, .0012]$; see Figure 1).

Figure 1. Mediation model of the role of perspective taking in the contact-ageism relationship



DISCUSSION

Unlike sexism and racism, ageism has always been a less explored area of research. Despite a growing body of research accumulating in the West with regard to ageism, ageism is not the same in non-Western cultures. Therefore, the purpose of this study was to explore the possible predictors of ageism, namely, contact, knowledge, and PT, in a group of Turkish students.

The results revealed that high scores of knowledge on aging, frequent and good quality contact with older adults, and high PT would predict low ageism scores than their counterparts. The strongest unique contribution predicting low ageism scores was contact. This result was consistent with previous findings (17, 18, 19) where high quality contact was found to result in positive intergroup attitudes in both general contact with elderly people and in the context of grandparent–grandchild relationships.

In the current study, the findings on the cognitive component of empathy (i.e., PT) yielded results parallel to Galinsky and Moskowitz's such that it predicted low levels of ageist attitudes (21).

The literature on empathic concern and PT relates them to prosocial behavior, volunteerism, and other-oriented sensitivity (22), which might help explain the link to positive ageist attitudes. Path analysis showed a mediation effect of PT between quality of contact and ageist attitudes in line with the work by Harwood and colleagues, who also found that high levels of PT mediate the effect of contact on negative attitudes toward the elderly (19).

Palmore's claims about the increasing factual knowledge on aging reducing ageism were supported in the current study (9). In the regression model, the variable "knowledge on aging" significantly predicted low ageism scores as hypothesized. In today's youth-oriented cultures, myths about old age contribute to ageist discourse and ageism (9, 12, 25). Ignorance on aging inevitably strengthens such myths.

Several implications can be drawn from this research. One such implication is the assessment of the level of knowledge on aging in students, especially those in service professions such as nursing, social work, and psychology. This work can be used as guidance for improving their curricula,



and departments can be encouraged to include gerontology-related courses to their training such as “the psychology of aging.” Such courses will increase knowledge and PT. For example, service learning can be incorporated into the curriculum, whereby students get the opportunity to provide meaningful service to the elderly community and then bring these experiences to the classroom in group discussions or diary sharing. Such educational and intergenerational programs often involve planned meetings and interactions between younger and older generations which help to increase knowledge about the aging process as well as help to dispel any negative stereotypes or myths held toward the elderly (26). Additionally, workshops focused on aging can be organized in which the process of aging can be explored, knowledge enhanced simply by using the PAQ to increase correct knowledge and challenge incorrect preconceptions (2). Replacing students’ myths regarding older populations and the aging process will clearly lead to a reduction in ageist attitudes, laying an important foundation for future careers in related fields.

Additionally, contact was found to be one of the foremost important panaceas to ageist attitudes; therefore, more intergenerational contact and integration is necessary between different age groups. To enable social integration of adults, some efforts have been made to create age-friendly environments. On the basis of these ideas, WHO has developed the project of age-friendly cities where older adults are actively engaged and socially integrated within their communities to bring generations together (2). A number of intergenerational recreation programs, volunteer programs, educational programs, and daycare programs have been implemented, but they are

often with mixed results without long-lasting effects (11). To be successful, such interventions hoping to utilize the power of intergroup contact need to be based on empirical findings such as those obtained in this research. Practitioners developing such interventions should ensure that the program has the potential to develop high quality contact in the form of close interpersonal relationships, which particularly encourage participants to consider others’ perspectives and empathize with one another. To enable the disclosure of information and enhance the knowledge base of each age group, incorrect information should be dispelled and missing information should be supplied so that the contact is a positive and successful one. Such endeavors are possible in internship programs as part of the curricula for students training in gerontology-related fields.

In terms of the limitations, the data obtained from this research are cross-sectional in nature, so they do not allow for causation to be drawn and alternative models are also plausible. Future studies should aim at replicating the findings by using longitudinal or experimental designs. Additionally, we targeted Turkish-speaking young adults at university because of previous speculations that younger cohorts of university students have lower empathy levels than their predecessors (22). However, future research should also examine ageism in both younger and older populations to examine whether different mechanisms might be at play in various age groups.

In conclusion, further research on aging in non-Western cultures needs to be undertaken to guide policymakers, researchers, and educators on the path to more positive attitudes toward older populations.

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